

## GBE Professional Growth and Development Plan

Teacher's name: \_\_\_\_\_ Grade(s)/subject(s): \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Dates of GBE cycle: from \_\_\_\_\_ to \_\_\_\_\_

---

---

♦ **Goal:**

(This goal is number \_\_\_\_\_ of \_\_\_\_\_ goals for the educator's five-year GBE cycle.)

♦ **Duration of goal:**

Anticipated beginning date (*school year*): \_\_\_\_\_ Anticipated completion date (*school year*): \_\_\_\_\_

♦ **Types of evidence** required to verify annual progress/overall goal accomplishment:

♦ **Level of performance** required to determine satisfactory progress/goal accomplishment:

♦ **Certificate renewal:**

Activities related to this goal

may apply toward this educator's certificate renewal *if* approved by the district.

may not apply toward this educator's certificate renewal.

The above plan was jointly prepared and agreed upon by the following individuals: [*please sign*]

Educator: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

### REVIEW

♦ **Evaluation summary:** (to be completed by the supervisor on the basis of the evidence presented by the educator)

The educator has *met* the above goal.

The educator is making *satisfactory progress* toward achieving this goal.

The educator is *not* making satisfactory progress toward achieving this goal.

Other/comments:

♦ **Overall recommendation:** (to be completed by the supervisor with input from the educator)

*Continue* the above goal.

Develop/pursue a *new* goal because

the above goal has been met.

the above goal is no longer appropriate for this educator.

one or more new priorities have been established for this educator.

Other/comments:

The signatures below verify that the educator has received a written and oral explanation of the above evaluation summary and recommendations:

Educator: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_